

Execute One Original

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_  
(Name)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, on  
(City) (State) (County)  
\_\_\_\_\_, having filed an application for admission/licensure to  
(Date)

the Bar of North Dakota, hereby consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of law and such other information as may be received, all of which will be reported only to the North Dakota State Board of Law Examiners. I agree to give any further information which may be required concerning my past record. I understand that the contents of my character report are confidential and may be disclosed only as authorized by Rule 13 of the Rules on Admission to Practice. I acknowledge review of Rule 13, Admission to Practice.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to, or discuss with, the North Dakota State Board of Law Examiners, any such information, including oral or written communications or documents, records, bar association files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data; and to permit the State Board of Law Examiners or any of its agents or representatives to inspect and make copies of such documents, records or other information.

**FOR VETERANS ONLY: AUTHORIZATION FOR RELEASE OF MILITARY RECORDS**

I hereby request and authorize the Department of the \_\_\_\_\_  
(Army, Navy, Air Force)

to furnish to the North Dakota State Board of Law Examiners, the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number was \_\_\_\_\_.

I hereby release, discharge, and exonerate the North Dakota State Board of Law Examiners, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information, or the investigation made by the State Board of Law Examiners.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge. A photocopy of this release is acceptable for purposes of obtaining this information and is as effective as the original.

State of \_\_\_\_\_ ss)  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day) of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Seal or stamp must be affixed to this original.